



# Credit Card Authorization Form



## Company Information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Total Amount of charge: \_\_\_\_\_

Reason for credit card payment: \_\_\_\_\_

## Payment - For your security, do not submit via e-mail.

Circle payment type: VISA MASTERCARD DISCOVER

Name as it appears on the card: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address for the card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized Signature:\* \_\_\_\_\_

\*By signing this form I authorize Georgia Press Association/Georgia Newspaper Service to charge my credit card the amount stated above.

Please return completed form by mail or fax to:

Georgia Press Association • 3066 Mercer University Dr., Atlanta GA 30341

770-454-6776 • FAX 770-454-6778 • FOR YOUR SECURITY, DO NOT SUBMIT VIA E-MAIL.